

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90214 040 ****61.25

DOCUMENT # N03000002108

1. Entity Name
**LEE COUNTY ALLIANCE OF LEGAL PROFESSIONALS,
INC.**



Principal Place of Business
**PO BOX 1766
FT MYERS, FL 33902**

Mailing Address
**PO BOX 1766
FT MYERS, FL 33902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-NP CR2E037 (10/03)

4. FEI Number
04-3712013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINONES, CAROLYN
C/O BECKER & POLIAKOFF, PA
13515 BELL TOWER DR., #101
FT MYERS, FL 33907**

Name **Carolyn Quinones c/o Becker & Poliakoff**

Street Address (P.O. Box Number is Not Acceptable)
14241 Metropolis Ave., #100

City **Fort Myers**

FL

Zip Code
33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carolyn Quinones
Carolyn Quinones

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **REESE, LINDA**
STREET ADDRESS **4560 TENNESSEE WAY**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **President** ☒ Change ☐ Addition
NAME **Reese, Linda**
STREET ADDRESS **P.O. Box 1766**
CITY-ST-ZIP **Fort Myers, FL 33902**

TITLE **VP** ☐ Delete
NAME **LEACH, DINAH**
STREET ADDRESS **4526 SE 10TH AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Leach, Dinah**
STREET ADDRESS **P.O. Box 1766**
CITY-ST-ZIP **Fort Myers, FL 33902**

TITLE **T** ☐ Delete
NAME **QUINONES, CAROLYN**
STREET ADDRESS **210 SW 44 TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Quinones, Carolyn**
STREET ADDRESS **P.O. Box 1766**
CITY-ST-ZIP **Fort Myers, FL 33902**

TITLE **S** ☐ Delete
NAME **MCKEOWN, LEONA**
STREET ADDRESS **5525 SAN LUIS DR**
CITY-ST-ZIP **N. FORT MYERS, FL 33903**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Florczak, Kathy**
STREET ADDRESS **P.O. Box 1766**
CITY-ST-ZIP **Fort Myers, FL 33902**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Quinones, Treasurer **4/29/04 239-433-7707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #